

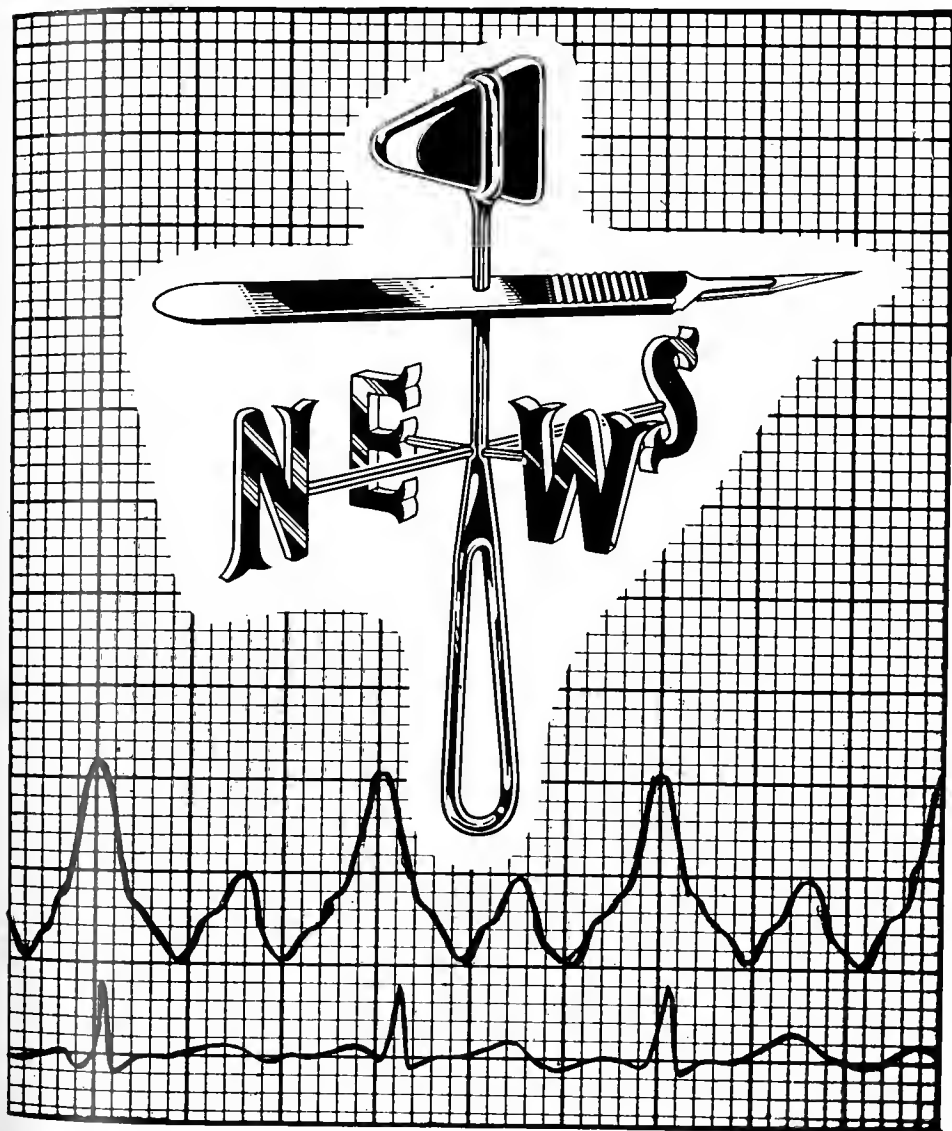
# BULLETIN

*of the*  
**MAHONING COUNTY  
MEDICAL SOCIETY**

*Volume XL*

*Number 7*

JULY, 1970



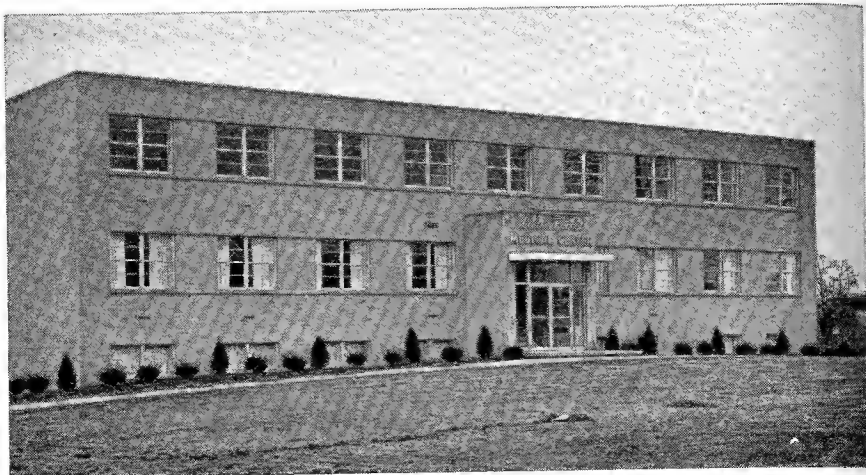
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## *From the Desk of the President*

"I swear by Apollo, the physician, by Aesculapius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and to my judgment the following oath: To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and to the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction. I will prescribe regimen for the good of my patients according to my ability and my judgment and never to harm anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners (specialists in this art). In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. If I keep this Oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot."

\* \* \* \* \*

I thought it appropriate to print on the President's Page this month the Hippocratic Oath as a reminder for those of us who have graduated in the distant past that some 7,000 young men have subscribed to this or similar oaths upon receiving their MD degree this spring.

Many of us will be involved in postgraduate teaching with these young men, others will be in association with them whether teaching or not; and it behooves us to reaffirm these tried and true values and ethics both at our level and at the newcomers level.

It goes without saying that we wish these new doctors well and we hope that they will adhere to the oath as well or better than we have.

—Robert L. Jenkins, Jr., MD.

President

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume XL

July, 1970

Number 7

Published for and by the Members of the Mahoning County Medical Society

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## Editorial

### ATTENDANCE

During the past regular meeting of the Mahoning County Medical Society an important vote was to be taken, namely to vote on a donation of \$1,000 from the Medical Society to the Mahoning Valley Health Planning Association. At this time a point of order was called to determine whether or not a quorum was present. This resulted in a brief discussion and a difference of opinion. The problem was quickly settled by the executive secretary who pointed out that the January, 1970, issue of the *Bulletin* listed 297 active members, and therefore, 30 members constituted a quorum. A total of 29 members voted with nearly a tie—the vote being 15 to 14 for approval.

At the most recent monthly meeting of Council, 23 members were present. This represented 19 regular members of Council and four ex-officio members. The 19 of 22 members present was greater than an 85% attendance. This rate of attendance at Council meeting is not unusual for the Mahoning County Medical Society, but what a low percentage of the total membership this represents!

Over the years, a variety of formats for the Society meetings have been tried. The program chairmen have worked hard bringing outstanding speakers, professors, physicians and even athletes to attract our members to attend meetings. These meetings have not been consistently successful. Any suggestions I am sure would be welcomed by our president and program chairman.

The regular attendance and interest of the members is what is needed, not just their vote, particularly on close issues. Although it is the right and prerogative of a dues-paying member to vote at any meeting, to appear on only very rare occasions, to cast a vote on an issue that has been discussed and debated for months certainly cannot be a vote of an informed and interested person.

How can members of our Society, who have not participated in the discussions and the hearings of both sides of a vital issue cast a vote of significance? In the recent issue referred to in this editorial a single vote or perhaps two votes at most were worth \$1,000, but more importantly, these one or two votes would dictate an entirely new course of action in this very important matter of health planning for our area. These few votes could determine whether or not we recognize and support morally and financially this organi-

zation. Our course of action is profoundly influencing many other organizations and their action is a chain reaction occurring throughout the community reaching the state and even federal levels.

Remember 10% are deciding the future of the other 90% of our Society and once a decision has been made there is little or no recourse of the "silent 90%". Unfortunately we hear from the silent 90% after a vote. We should hear them before the vote for true democratic processes to take place.

—John C. Melnick, M.D.

Editor

## ASSISTANTS BLUE CROSS RATES UP

For the first time in several years, there will be an increase in rates for the Medical Assistants Hospitalization Group, carried through the offices of the Mahoning County Medical Society. Costs are determined on a merit rating formula for each particular group by Associated Hospital Service.

Family rate for six months will be billed at \$122.64 for Blue Cross only, or \$146.04 for Blue Cross and Blue Shield. Single rate is \$55.50 for Blue Cross or \$63.90 for both. The increase is for Blue Cross only, with Blue Shield cost remaining the same as before.

The group maintains the 120-Day Blue Cross Plan, with a rider to cover hospitalization for mental and nervous disorders for 30 days. It covers children to age 19. The surgical portion is covered by the Blue Shield Preferred Plan, which pays \$300 maximum surgical benefits.

Bills are currently being sent to members through the Medical Society office. Final date for payment to that office is August 15th. New members may join at this time. Failing to do so, they may not join the group until the next open date, August 1, 1971.

The Group is administered by the Mahoning County Medical Society as a service to Society members and their medical assistants. Eligible to join are all medical assistants whose physician employers carry Blue Cross coverage, either single or group.

## MCMS TRAINS AMBULANCE PERSONNEL

The Mahoning County Medical Society recently completed the 19th Seminar on Emergency Care and Transportation of the Critically Ill and Injured. The series, begun in 1958, has been attended by key personnel in ambulance companies, fire departments, Red Cross and industry.

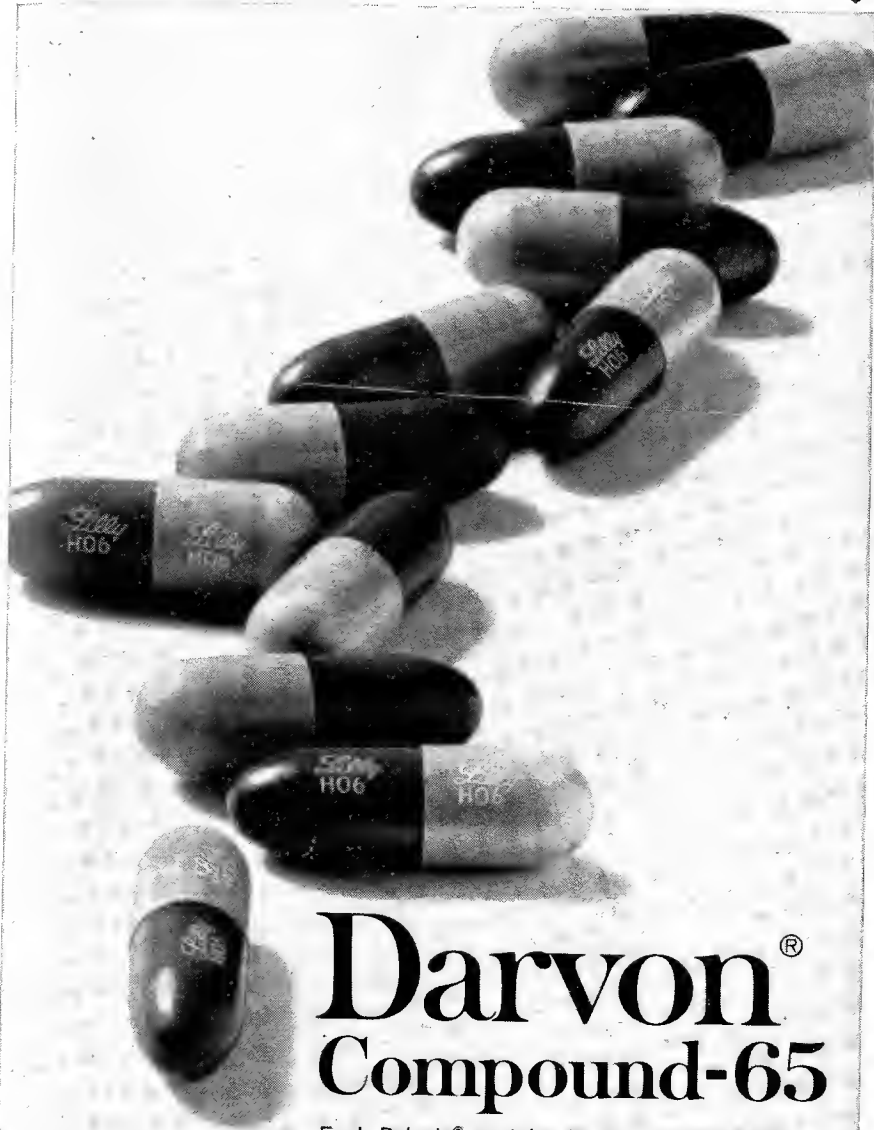
Speaking at the May 28th Seminar were Dr. Robert W. Parry, who demonstrated the bag-mask method of resuscitation, and Dr. George T. Szaboky, who demonstrated treatment and immobilization of simple and compound fractures.

Chairman for the seminars is Dr. Donald R. Bernat, who is also chairman of the Traffic Safety Committee. Meeting arrangements are made by Charles A. Vimmerstedt, Manager of the Safety Council of Greater Youngstown.

The 20th Seminar will be held in the South Side Unit of Youngstown Hospital Association, Nurses Auditorium on Thursday, Oct. 8, at 7:00 p.m. It will be concerned with the fire victim, burns and asphyxiation, care and transportation.

## HOSPITALIZATION PAYMENT DUE

Doctor, have you made your payment to the Blue Cross—Blue Shield Group? Due date was July 1st. Final date for payment is July 15th. Don't risk being without coverage. Be sure the Medical Society office has your check when the group payment is completed on July 15th.



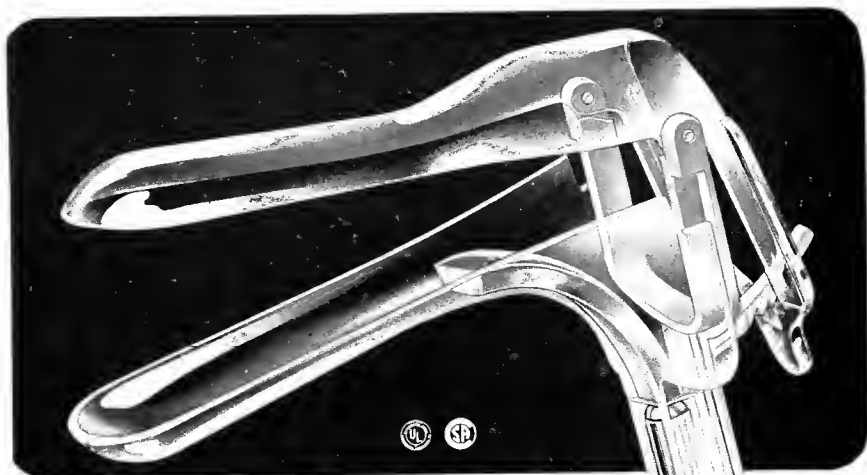
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## TWENTIETH CENTURY PUBLIC HEALTH

*(Address by W. M. Greissinger, M.D., M.P.H., at the 1970 Scholarship Dinner sponsored by the Mahoning County Medical Society).*

More than one hundred years ago Rudolph Virchow, a famous German pathologist, said; "Medicine is a social science, anthropology in its widest sense, whose greatest task is to build-up society on a physiological foundation, and politics is nothing but medicine on a larger scale." Medicine in our time is steadily approaching this same expression. For although medicine applies the scientific methods of the natural sciences, its ultimate aim is eminently social.

Everyday more and more we must accept that these are not sciences but one single embracing science, that is, a "systemized positive knowledge," the only human activity that is truly cumulative and progressive. One of the most important aspects of medical history is unquestionable the development of public health. It embraces as no other medical science the four fundamental historical functions of the physicians over the centuries: to heal, to know to protect and to organize. Even further, medicine has been taken the example of public health and has gradually changed from a very close personal relationship between the physician and the patient into a relationship between the physician as counselor and his community. Medicine is therefore an essential part of science, culture and civilization in every age. Out of general medicine has evolved preventative medicine, the ultimate goal of public health which anticipates the medicine of tomorrow.

The history of public health is, therefore, the story of man's endeavor to protect himself and his community against disease. In this sense it is the story of the attitude of society towards the sick throughout history. In primitive communities down to the middle ages, societies defense against sickness, physical or mental, was to isolate or destroy the patient.

Later came the endeavor to heal the sick so as to prevent them from infecting or harming their fellow man or becoming a burden on society. Finally, the establishment of positive protection of the healthy from the dangers of disease has become a modern public health slogan. And thus began the area of preventative medicine with its rich arsenal of safeguards such as quarantine, vaccinations, sanitation measures and other physical and mental health resources, which now take the place of those early rudimentary measures.

In a philosophical sense the concept of the individual has been replaced by that of the person. That is, the individual in relation to society, just as the concept of the people has been replaced by that of the nation which is the people in relation to the world. Person, society, nation and mankind are the concentric circles wherein preventative medicine and public health performs its samaritan work.

In early medical history it is impossible to separate between general medicine and public health. Progress in sanitary engineering had an important medical consequence, the reduction of typhoid cases. The poetry of an Elizabethan physician paved the way for the Advent of the water closet. Religion influenced medicine. The burning desire in all religions to stand clean at heart in the presence of God in a place of worship inspired the rules of dietary and physical hygiene adopted by all creeds to preserve the purity of the body, dwelling place of the soul. The philosophical individualism of the Greek determined the highly personal hygiene, just as the political imperialism of the Romans dictated their unique public health system.

The prevalence of collective enterprises in the Middle Ages was responsible for the fight against "Black Death" and other collective diseases just as renaissance individualism was behind their concern with individual diseases such as syphilis. Public health appears like a mirror, reflecting the now conquered, now hopeful desires of mankind in every period of history.

The protection and promotion of the health and welfare of its citizens, is

considered to be one of the most important functions of the modern state. The function is the embodiment of a public policy based on political, economic, and social and ethical considerations.

Scholars in public health are scholars in history. And history performs a social task. History may be regarded as the collective memory of the human group and for good or for evil, it helps to mold its collective consciousness. It creates an awareness of oneself in relation to the world around one, including both our yesterday and our tomorrow. A meaningful understanding of the present, requires that it be seen in the light of the past, from which it has emerged and the future of which it is bringing forth. Every situation that man has faced, and every problem that he has to solve, has been the product of historical developments. Furthermore, the way in which we act in a given situation is, in a large measure, determined by the mental image of the past that we have. To understand the problems of our own society, and to be capable of playing an intelligent role in shaping our civilization, we must have a sense of continuity in time and awareness that one cannot advance intelligently to the future, without a willingness to look attentively at the past. We must have knowledge of the past and how it brought the present into being.

If one studies history, one recognizes that health has played an important part. The public always has been concerned with health. Throughout human history, the major problems of health that man has faced, has been concerned with community life. For instance, the control of transmittable diseases, the control and improvement of the physical environment, that is, sanitation, the provision of water and food of good quality and sufficient supply, the provision of medical care, and the relief of disability and destitution. The relative emphasis placed on each of these problems has varied from time to time, but they are all closely related and from them comes Public Health as we know it today.

Evidence of activity connected with community health has been found in the very earliest civilizations. Some four thousand years ago, a people of whom little is known developed a great urban civilization in the North of India. Sites excavated at Mohenjo-Daro in the Indus Valley and at Harappa and the Punjab indicate that these ancient cities were consciously planned in rectangular blocks, apparently in accordance with a building law. Bathrooms and drains are common in excavated buildings. The streets were broad, paved and drained by covered sewers. These drains were laid some two feet below the level of the streets and they consisted for the most part of molded bricks, cemented with a mortar of mud. Within the houses, better materials were used and, in at least one instance, there is a report of drain pipes made of pottery and plaster to guard against the possibility of leakage.

Findings dating from the middle kingdoms approximately 2100 B.C. to 1700 B.C. give some ideas of the conditions of Egypt. Archaeologists discovered the ruins of the City of Kahun, which had been built at the Royal command according to a unified plan. Care was taken to drain water by means of stone masonry gutters in the center of the street. The ruins of Tel-el-Amarna dating from the fourteenth century B.C. are essentially like those of Kahun. One detail, however, deserves mentioning, the remains of the bathroom were found in one of the smaller houses.

Two thousand years before the Christian era the problem of producing an adequate supply of drinking water for larger communities had, in considerable measure, already been solved. Excavations have revealed that Troy had a very ingenious water supply system. Just as in any place where drinking water supply systems were accepted facts, the disposal of the wastes are likewise regulated and the sewage systems were well-developed in Troy.

Here on this continent, impressive ruins of sewage systems and baths are a testimony of the achievements of the Incas in Public Health Engineer-

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	Educators Mut., Pa.	5,000	Group	Group Cancell- to Age 70
	Lumberman's, Ill.	5,000	Group	Group Cancell- to Age 70
MAHONING COUNTY MEDICAL SOCIETY American Academy General Practice	Commercial, N. J.	5,000	Group or Ind.	Guaranteed Re- newable to 70
	Continental Cas., Ill.	5,000	Group	Group Cancell- to Age 70
MAHONING COUNTY MEDICAL SOCIETY American Prof. Practice Association (Dr. Annis)	Commercial, N. J.	1,000	Group or Ind.	Guaranteed Re- newable to 70
	Lumberman's, Ill.	0	Group	Group Cancell- to Age 70
MAHONING COUNTY MEDICAL SOCIETY American Prof. Practice Association (Dr. Annis)	Commercial, N. J.	1,000	Group or Ind.	Guaranteed Re- newable to 70
	Lumberman's, Ill.	0	Individual	Ind. to 65
MAHONING COUNTY MEDICAL SOCIETY American Medical Association	Commercial, N. J.	1,000	Group or Ind.	Guaranteed Re- newable to 70
	Fireman's Fund, Calif.	0	Group	Group Cancell- for Life
MAHONING COUNTY MEDICAL SOCIETY  Average 10 Additional Companies	Commercial, N. J.	1,000	Group or Ind.	Guaranteed Re- newable to 70
	Largest Ohio Bus.	0	Individual	Ind. to 65
MAHONING COUNTY MEDICAL SOCIETY *Refund of Premium—Plan A	Commercial, N. J.	1,000	Group or Ind.	Guaranteed Re- newable to 70
	Underwriters Nat.	0	Individual	Ind. to 65
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\* A—80% of Premiums if no claims in any 10 year period. If claims do not exceed 20% of premiums in 10 year period, return is 80% of premiums less claims paid. 62% of Society insureds have had claims in any 10 year period. 47% of insureds have been paid from 25% to 100% of premiums paid in any 10 year period and would receive no refund.

\* B—Will refund all premiums paid to age 65, less claims paid. Maximum payment under plan from refund is \$9,905, less any claims. Under Society plan, if difference in premium is banked at 5% compound interest for 25 years, return would be \$10,648, plus any claims.

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Group	Group Cancell- to Age 70	\$ 433	Sickness—65 Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 278.33—70
Group	Group Cancell- to Age 70	\$ 433	Sickness—65 Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 242.33—70
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—7 Yr. Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 229.00—70
Group	Group Cancell- to Age 70	\$ 433	Sickness—5 Yr. Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 268.80—70
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—7 Yr. Accident—Life	Sickness—28 Da. Accident— 0 Da.	\$ 194.61—70
Group	Group Cancell- to Age 70	\$ 433	Sickness—5 Yr. Accident—Life	Sickness—30 Da. Accident— 0 Da.	\$ 184.16—70
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—65 Accident—Life	Sickness—28 Da. Accident—28 Da.	\$ 195.46—70
Individual	Ann. to 65	\$ 433	Sickness—65 Accident—Life	Sickness—30 Da. Accident—30 Da.	\$ 221.26—65
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—65 Accident—Life	Sickness—180 Da. Accident—180 Da.	\$ 134.43—70
Group	Group Cancell- for Life	\$ 433	Sickness—Life Accident—Life	Sickness—180 Da. Accident—180 Da.	\$ 112.60—Life
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—65 Accident—Life	Sickness—28 Da. Accident—28 Da.	\$ 195.46—70
Individual	Ann. to 65	\$ 433	Sickness—65 Accident—Life	Sickness—30 Da. Accident—30 Da.	\$ 272.79—65
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—65 Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 250.33—70
Individual	Ann. to 65	\$ 433	Sickness—65 Accident—Life	Sickness— 7 Da. Accident— 0 Da.	\$ 506.17—65
Group or Ind.	Guaranteed Renewable to 70	\$ 433	Sickness—65 Accident—Life	Sickness—28 Da. Accident—28 Da.	\$ 195.46—70
Individual	Ann. to 65	\$ 433	Sickness—65 Accident—65	Sickness—30 Da. Accident—30 Da.	\$ 396.20—65

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ing. They established well-drained cities that were adequately supplied with water, thus providing a good basis for the health of the community. The Incas were also aware that other elements of the physical environment could have an effect upon health. Thus they recognized the connection between acclimatization and ill health. Troops from the highlands served in the hot valleys under a rotation system, remaining there only for a few months at a time. One could go on and on. Examples of early public health are everywhere.

As long as man has lived on earth, diseases have plagued him. Sickness is associated with life and man everywhere endeavors to deal with it as best he can. Studies in paleo-pathology have shown not only the antiquity of disease, but also that it has always occurred in the same basic forms, such as infection, inflammation, disturbance of development and metabolism, traumatism, and tumors. For example, schistosomiasis prevalent in Egypt today has been found in kidneys three-thousand years old. TB of the spine has been diagnosed in the skeleton remains of three Columbian Indians. However, while the basic types have not changed the incidence and prevalence of illness have changed from time to time and from place to place. Knowledge of such changes in the occurrence of disease is essential for the understanding of the health problems faced by communities in the course of human history and of the thoughts and actions of those who dealt with them.

An interesting conclusion was reached recently which adds a new dimension to our thinking about the basic causes of the one great topic of today—POLLUTION. The final sentence of the reference comes as a real shocker: "Pollution and eutrophication are the symptoms of a disease of the biosphere, a disease called "MAN". The authors approach this conclusion after comparing the effects of pollution to a balance of energy flow through aquatic ecosystems. They noted that such flow can be measured as a basis for water resources which are ecologically sound. Since it has been recognized, that there is a balance between the energy flow rate and the production and the use of oxygen, a computer could be built to aid planning and engineering of the necessary ecosystems. Sometimes I feel that it is incredible that man should be able to observe his environment, the changes it endures, and often the results of his action; yet he is unwilling to curtail those activities which can be identified as the root of many of our ecological problems.

It also has been stated recently that what we don't know about this earth we live on not only can hurt us, it can kill us. This is a frightening statement. We are now starting to recognize that modern man has been altering his total environment so swiftly and suddenly that the whole great chain of life on this planet is endangered. Our earth has been compared to a tiny space ship which is hurtling through the universe, carrying with it its own limited resources for sustaining life. We must recognize that what we have now is all we have to keep us alive.

Now, entering the last three decades of the 20th century, we face the shocking realization that we have gone too far, too fast, and too heedlessly and now we are forced to cope with some of the consequences of our "progress" as a species. For, increasingly, all over the world scientists, statesmen, and specialists in every field are coming to agree on the pressing paradoxes of our modern age. One, that as societies grow richer, their environment grows poorer. Two, that, as the array of objects expand, the vigor of life declines. Three, as we acquire more leisure to enjoy our surrounding, we find less around us to enjoy. It is nobody's fault, and it is every body's fault. The real culprits are the three main currents of the 20th century: population, industrialization, and urbanization.

Together, these three swift and mighty currents of history have acted to foul the air, contaminate the land, pollute the waters, and to accelerate our mounting loss of beauty and privacy, rest and recreation. World population is growing at a rate that will double by the year 2000, only a brief three

decades away, when nearly seven billion people will inhabit the earth.

The "today" generation has an ever-increasing knowledge. People are becoming aware of what is and what can be done. With a little common sense we know that there is no reason that we have mercury in the fish in Lake Erie, contamination in a popular brand soup, contaminated strawberry pies from Mexico invested with rodents, or botulism in pizza pie. We have the tools to apply the new sciences, our new knowledge, to our daily work, and this is 20th Century Public Health. We in Public Health have to admit that there has been a time where we have missed our objectives. But now, I believe, the page has turned. 20th Century Public Health will do something to prevent in the future that school children have to be excused from outdoor games on those days when the atmosphere chokes their lungs as it has happened or is now happening in California. We are now looking at things in a unit, because everything around us is tied together in a system of much interdependence.

There is now an organized effort being made to utilize television time and newspaper and magazine space in the teaching of health subjects. Health education has become an important part for all the medical fields. Even though our great nation is made-up of many different cultural groups having different attitudes and values, the idea of good health, or absence of disease is dominant in each individual group. Public Health is once more taking over the leadership in guiding the different affairs of our 20th century social structure towards a healthier life cycle.

Once the general physician has been the man who was the cure-all for everything. He still is and should remain the center of medical care in private enterprise. However, if he takes care of his patient and the patient's family, he will lose sight of the total implication his patient's disease could have on the total community. A man can only work so much, and the problems in medical care and in public health have become so complex that public health specialists were created to look after the total community.

If you picture the life cycle of a person in the middle, you have on the one side medical care executed by private practice. This includes complete diagnosis, treatment, rehabilitation and prevention. However, rehabilitation and prevention on the outer aspects of this square are already overlapping areas where private practice and public health and other social and welfare organizations have to work hand-in-hand, and what I have just described covers just one section of the life cycle. Public health has to look into the total environment. Public Health has to look into the motivation of the person to utilize community resources. Public Health has to be available for information and education of the general public—everything to aid the physician in creating a healthy person.

Friends, you are living in an exciting time. You are most probably better trained than your parents were, and you are more aware of things going on around you. You most probably have already made up your mind what your vocation will be, but, please give health a chance.

In a recent article in the Johns Hopkins Journal, it was said that we are presently creating too many PhDs. This statement has frightening implications. A statistic was shown that only two-thirds of the presently graduating PhDs will be assured of a job, and that five or eight years from now, only one-third of graduating PhDs will be guaranteed a job. Not so in the Health field. In Public Health alone there are more than three hundred and fifty openings for physicians across the nation. The need for general practitioners in many communities in the Middle and Far West is tremendous. Even though our medical schools are presently graduating more physicians than ever before, due to the steady population increase in our nation the physician shortage is becoming larger and larger. But the shortage occurs not only in the field of physicians, it also is very acute in other allied health professions like

nursing, physical therapy, speech therapy and so on. There are several programs started now to look for physicians' assistants. The University of Washington has created a program taking discharged military corps men and training them as general practice assistants. These men go out into the field and practice medicine under the supervision of a physician. This system would have been unheard of ten years ago. American medicine is recognizing the need for new medical services and is looking for these types of help to provide better care to the people. This does not mean a drop in the quality of medicine practiced in this country. This is just an additional tool in delivering better health services to all people. We need physicians, we need health professionals. Come and join our ranks! Congratulations to you on your honors and good luck to you in the future.

## MEDICAL ASSISTANTS SOCIETY INSTALLATION

New officers of the Medical Assistants Society of Mahoning County were installed Thursday, June 11, at Fonderlac Country Club, by Dr. Alexander Calder, chairman of the Advisory Board. President, Mrs. Joan Dutko; president-elect, Miss June Kyle; recording secretary, Mrs. Jean Schuchler; Mrs. Mary Ann Donley, corresponding secretary; Miss Charlotte Kramer, treasurer, and the councilors, Miss Mildred Butcher, Miss Peggy Drabison, Miss Julia Gura, Miss Dorothy Klein, Miss Agnes O'Dea and Mrs. Dorothy Pyatch. Dr. William Evans, co-chairman of the Advisory Board gave the invocation and Mrs. Alice Larson, retiring president welcomed members and guests.

Mrs. Jean McHenry, membership chairman, at a beautiful candlelight service welcomed seven new members to the Society. After the flower and candlelight installation ceremony, Mrs. Larson presented Mrs. Dutko with her gavel, and Mrs. Dutko, in turn presented Mrs. Larson with her past president's pin. Miss Laura Lockhart of Akron, a trustee of the American Association of Medical Assistants, gave the benediction.

Table decorations in blue and yellow featured spring flowers and miniature cages. Special guests were Mrs. William Evans, Mrs. Thomas Brown, Mrs. Charles Kollar, Mrs. Caroline Leason and Miss Lockhart.

Arrangements were in charge of Mrs. Candy Shufflebarger, chairman; Mrs. Mary Ann Donley, co-chairman; Mrs. Bea Collins, Mrs. Jeanne McHenry and Mrs. Joan Schuchler.

Sincere congratulations to the new officers and I am sure we will be able to report a lot of activity this year.

—Candy Shufflebarger

## DOCTORS SPEAK AT SMOKING CLINIC

Four physicians and a dentist were featured speakers at the third smoking withdrawal clinic held in this area. Taking part were Dr. Charles McGowen, Dr. Pat Haggerty, Dr. Edmund Massullo, Dr. Karl Wieneke and Dr. Winifred Liu.

The clinic was held at Westminster U. P. Church in Boardman. Coordinators were Parker Arnett and Dr. Norman Parr. The clinic was sponsored by the American Cancer Society in cooperation with the Youngstown Council of Churches, and ran for six weeks, concluding on June 1.

## DIXIE DOCS PLAY FOR RACES

When the Boardman Kiwanis Club held matinee harness races at the Canfield Fairgrounds recently, the nags did their pacing to the music of the "Docs of Dixieland," our own seven-man jazz combo.

The group includes Dr. Edward Beynon, trombone, Dr. James Fulks, piano; Dr. A. J. Altiero, clarinet; Dr. Paxton Jones, drums; Dr. Robert Kiskaddon, trumpet, and Dr. Alfred Mangie, accordion. The group is directed by a non-doc, Lou Heyer, bass.



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## FROM THE BULLETIN THIRTY YEARS AGO — JULY 1940

The Editor said, "The good old 'SUMMER TIME' is here, but where's the summer?" The weather must have left something to be desired but the doctors were enjoying themselves anyway.

The Society held its Golf and Field Day in the rain as usual. Old internes and new were holding reunions. President Poling advised the doctors to relax, saying "We must not forget that Nature needs the opportunity to promote healing processes in the doctor as well as his patients." Accordingly they scattered to the beaches, the golf courses and Canada's lakes.

Strouss-Hirshberg's advertised Broadcrest tropical suits for \$18.75 and McKelvey's had Palm Beach suits for \$16.75. Lyons recommended their ointment Raysistol for sunburn and Gambir mixture for diarrhea. For children their cholera infantum mixture was an old stand-by. It used to be said that the way to tell cholera infantum from ordinary diarrhea was easy. If the out come was fatal, it was cholera infantum.

New members that month were Frederick S. Coombs, Jr. and John Evans Allgood, Jr. The beloved Leland E. Phipps died June 2nd.

The war in Europe was going desperately. Denmark, Norway, Belgium, Holland, Luxemburg and France had fallen to the forces of Hitler. Most of us realized it was only a question of time before we would be in it. The all out bombing of England was not to start until August and conscription was not passed by Congress until September but the Surgeon General had already presented to the A.M.A. a plan for procurement of medical officers for the armed services.

The House of Delegates in session in New York replied by passing a resolution placing all the facilities of the A.M.A. at the disposal of the government. Locally there was much talk and joking about who would go and who would stay but later on the awakening was rude and the joking was over when the armed services demanded every able bodied doctor under 45 years of age.

Meanwhile we were enjoying a prosperous and relaxing summer and complaining about the weather.

## TWENTY YEARS AGO — JULY 1950

Practice of medicine was easy. Everything seemed to be solved but the cancer problem. Tuberculosis, scarlet fever, venereal disease and pneumonia seemed conquered. Penicillin was plentiful and the staphylococcus had not yet acquired immunity to it. New antibiotics were being discovered and for the first time cortisone was available for distribution to the hospitals. Each of the 6,500 hospitals registered by the A.M.A. was allotted 900 milligrams of the drug. Merck & Co. lowered the price from \$200.00 a gram to \$95.00. Dr. Arnoldus Goudsmit addressed St. Elizabeth's staff on the treatment of rheumatoid arthritis with the new corticosteriod.

The health department stopped the placarding of homes for all contagious diseases except diphtheria, anterior poliomyelitis and smallpox. Gone were the familiar red cards tacked on the houses where there were cases of scarlet fever or measles or chicken pox.

The Federal Security Agency sponsored a conference in Washington on the Problems of Aging, demonstrating that the solution of one problem often produces other problems.

Fred Schellhase, Raymond Catoline and Robert Fisher opened their offices for the practice of surgery and medicine. The public braced itself for the shock. The Lake Milton Improvement Association was looking for a physician. They still are.

## TEN YEARS AGO — JULY 1960

President Schlecht wrote in part: "The well being and destiny of our senior citizens is dependent on psychological and spiritual factors as well

as the structural and functional changes of aging. . . . No one can do as much for the old man as he can and should do for himself. . . . A full life is measured not by length alone but also by depth and breadth."

It was proposed to have a post card vote on whether or not the members favored Social Security. Concerning this Editor Schreiber wrote: "A post-card poll for the purpose of deciding Social Security or Free Beer on Sunday is simply another crack in the foundation of our Society. The very gathering together to debate and decide issues of common interest justifies our existence as a Society. If one of us cares little to join with our colleagues in order to formulate matters which may indeed affect our very livelihood, then it must follow that he forfeit his privilege of free choice. And it must also follow that he who by reason of apathy would care not to share in self-government, must accept decisions made for him by others."

James Brown died Sunday morning June 12th quietly in his bed. Saturday afternoon he was operating on one of my favorite patients and I was hovering over him, all concerned because he was dealing with Ca of the colon. The operation was long and exhausting and Jim had long standing malignant hypertension but he gave a good performance and made no plea of fatigue or exhaustion. I have ever since blamed myself for hastening his death. He was a fine doctor devoted to his patients and a wonderful man.

Chester Lowendorf was laid up with a "staph" infection. The ubiquitous and resourceful bug having acquired immunity to infection. Bill Neidus was back to work after an appendectomy.

Members appointed to O.S.M.A. committees were: C. W. Stertzbach, S. W. Ondash, C. C. Wales, W. J. Flynn, A. E. Rappoport, Herman Ipp and Asher Randell.

Lyons Physician's Supply offered a Puritron at \$39.95 guaranteed to clear the air of pollen and odors in one room or your money back.

Pollution of the air, land and water was going on those days, too, but not realized the threat it is today.

—J. L. F.

July 17

E. J. Wenaas

July 18

J. L. Finley

G. H. Dietz

July 20

M. L. Porter

J. B. Werning

July 23

B. S. Brown

July 24

C. C. Chen

V. T. Wrobel

B. L. Lipton

July 25

P. J. Mahar

J. L. Scarnecchia

R. M. Roth

July 27

N. D. Belinky

M. M. Yarmy

July 29

S. M. Zervos



Get Your Annual Check-up

July 30

F. L. Schellhase

J. H. Fuls

August 3

I. Werbner

August 4

D. A. Salcedo

August 6

R. S. Boniface

August 7

B. J. Klahr

August 8

J. N. Gordon

August 9

R. B. McConnell

August 10

J. Politi

August 11

I. N. Dombczewsky

August 14

D. A. Belinky

J. L. Fisher

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## BULLETIN CALENDAR

JULY 10 THROUGH AUGUST 15, 1970

- July 11 8:00 a.m. Tumor Conf., Aud., YHA-SU  
 8:00 a.m. Executive Committee, St. E.  
 9:00 a.m. GP, Surg. Div. Mtg., David Nahrwald, M.D., Aud., YHA
- July 14 7:30 p.m. Dental Section, Aud., St. E.
- July 16 8:00 a.m. Med. Div., V.P., CWRU, Aud., YHA-SU  
 8:00 a.m. Peds., OB, YHA  
 8:00 a.m. CPC, Aud., St. E.  
 9:00 a.m. Tumor Conf., Aud., St. E.
- July 18 8:00 a.m. Tumor Conf., Aud., YHA-SU  
 9:00 a.m. Surgical Div., "The Scope of Anesthesiology" and "External Cardiac Massage," film, Aud., YHA-SU
- July 23 8:00 a.m. Med., Peds., OB, YHA  
 8:00 a.m. Tumor Conf., Aud., St. E.  
 9:30 a.m. V.P., Surgery, E. Thomas Boles, M.D., Aud., St. E.
- July 25 8:00 a.m. Tumor Ccnf., Aud., YHA-SU  
 9:00 a.m. Surg. Div., "Debridement—Multiple soft Tissue Wounds & Wounds of the Extremities," and "Surgical Treatment of Renal Injury," film, Aud., YHA-SU
- July 28 6:00 p.m. Medical Executive Committee, Coffee Shop, YHA-NU
- July 30 8:00 a.m. Med., Peds., OB, YHA  
 9:00 a.m. Tumor Conf., Aud., St. E.  
 1:00 p.m. V.P., Medicine, Alvin Shapiro, M.D., Aud., St. E.
- Aug. 1 8:00 a.m. Tumor Conf., YHA-SU  
 8:00 a.m. Surgical Section, Aud., St. E.  
 9:00 a.m. Surg. Div., "Carcinoma of the Breast," film, Aud., YHA-SU
- Aug. 4 8:30 a.m. Med., GP, Section Mtgs., Aud., St. E.  
 7:30 p.m. EENT, OB-GYN, Section Mtgs., Aud., St. E.
- Aug. 6 8:00 a.m. All Div., Guest Prof., Medicine, Aud., YHA-SU  
 8:00 a.m. CPC, St. E.  
 8:30 a.m. Peds., Section, 6W Conf. Rm., St. E.  
 9:00 a.m. Tumor Conf., St. E.  
 1:00 p.m. V.P., Medicine, James Leonard, M.D., Aud., St. E.
- Aug. 8 8:00 a.m. Tumor Conf., Aud., YHA-SU  
 8:00 a.m. Executive Meeting, St. E.  
 9:00 a.m. Surgical Div., "Carcinoma of the Breast," film, Aud., YHA-SU
- Aug. 11 7:30 p.m. Dental Section, Aud., St. E.
- Aug. 13 8:00 a.m. Med., Peds., OB, YHA
- Aug. 15 8:00 a.m. Tumor Conf., YHA-SU  
 9:00 a.m. Surgical Div., "Bilateral Adrenalectomy in Metastatic Breast Cancer," "Shock," "Anatomy of the Flank," film, Aud., YHA-SU

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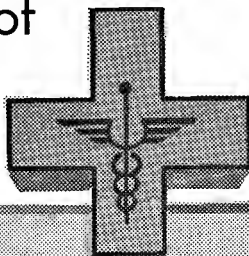


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